MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-024533

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1
2 3038
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4 3
5 0
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8 1
9 7625
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12 56-2
13

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3313 STATE FILE NUMBER

FILED JUL 5 1963

1. Place of death
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 5 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Conley Maternity Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 113 Tracy
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CHANDRA Middle DENISE Last PARKS

4. DATE OF DEATH: Month February Day 27, Year 1963

5. SEX: Female

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2-27-63

9. AGE (last birthday): Newborn
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours 5 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME: Paul Parks Jr.

13b. MOTHER'S MAIDEN NAME: Hazel Belle Simms

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of

16. SOCIAL SECURITY NO.

17. INFORMANT: Hazel Belle Parks Address: 113 Tracy

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Prematurity
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Atelectasis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2/27/63 to 2/27/63 and last saw her/him alive on 2/27/63
Death occurred at 4:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Myron D. Jones M.D.

22b. ADDRESS: 926 E 11th St

22c. DATE SIGNED: 6-5-63

Myron D. Jones

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE: 2-27-63

23c. NAME OF CEMETERY OR CREMATORY: K.C.C.O.S.

23d. LOCATION (City, Town, or county) (State): 2105 Independence Ave.

24. FUNERAL DIRECTOR ADDRESS: K.C.C.O.S.

25. DATE RECD. BY LOCAL REG.: 6-11-63

26. REGISTRAR'S SIGNATURE: Ruth W. Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.